COMMONWEALTH of VIRGINIA

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VIRGINIA WASTE MANAGEMENT BOARD
ENFORCEMENT ACTION - ORDER BY CONSENT
ISSUED TO
HCA HEALTH SERVICES OF VIRGINIA, INC.
COLUMBIA/HCA JOHN RANDOLPH, INC.
CHIPPENHAM & JOHNSTON-WILLIS HOSPITALS, INC.
FOR
HENRICO DOCTORS' HOSPITAL
EPA ID No. VAR000000315
JOHN RANDOLPH MEDICAL CENTER
EPA ID No. VAD982570517
CHIPPENHAM MEDICAL CENTER
EPA ID No. VAD988211843

SECTION A: Purpose

This is a Consent Order issued under the authority of Va. Code § 10.1-1455, among the Virginia Waste Management Board, HCA Health Services of Virginia, Inc., Columbia/HCA John Randolph, Inc. and Chippenham & Johnston-Willis Hospitals, Inc. regarding Henrico Doctors' Hospital, John Randolph Medical Center, and Chippenham Hospital, for the purpose of resolving certain violations of the Virginia Waste Management Act and the applicable regulations.

SECTION B: Definitions

Unless the context clearly indicates otherwise, the following words and terms have the meaning assigned to them below:

1. "Board" means the Virginia Waste Management Board, a permanent citizens' board of the Commonwealth of Virginia, as described in Va. Code §§ 10.1-1184 and -1401.

2. "CESQG" means a conditionally exempt small quantity generator of hazardous waste, a generator of less than 100 kilograms of hazardous waste in a month and meeting the other restrictions of 40 CFR § 261.5 and 9 VAC 20-80-120(A).

3. "CFR" means the Code of Federal Regulations, as incorporated into the Regulations.

4. "Chippenham" means Chippenham Hospital, owned and operated by Chippenham & Johnston-Willis Hospitals, Inc., and located at 7101 Jahnke Road, Richmond, Virginia.

5. "Department" or "DEQ" means the Department of Environmental Quality, an agency of the Commonwealth of Virginia, as described in Va. Code § 10.1-1183.

6. "Director" means the Director of the Department of Environmental Quality, as described in Va. Code § 10.1-1185.

7. "Generator" means person who is a hazardous waste generator, as defined by 40 CFR § 260.10.

8. "Hazardous Waste" means any solid waste meeting the definition and criteria provided in 40 CFR § 261.3.

9. "Henrico Doctors'" means Henrico Doctors' Hospital, owned and operated by HCA Health Services of Virginia, Inc. and located at 1602 Skipwith Road, Henrico, Virginia.

10. "JRMC" means John Randolph Medical Center, owned and operated by Columbia/HCA John Randolph, Inc. and located at 411 West Randolph Road, Hopewell, Virginia.

11. "LQG" means large quantity generator, a hazardous waste generator that generates 1000 kilograms (2200 pounds) or greater of hazardous waste in a calendar month and meets other restrictions. *See* 40 CFR § 262.34(a)-(b) and (g)-(l).

12. "Notice of Violation" or "NOV" means a type of Notice of Alleged Violation under Va. Code § 10.1-1455.

13. "Order" means this document, also known as a "Consent Order" or "Order by Consent."

14. "PRO" means the Piedmont Regional Office of DEQ, located in Glen Allen, Virginia.

15. "Regulations" or "VHWMR" means the Virginia Hazardous Waste Management Regulations, 9 VAC 20-60-12 *et seq.* Sections 20-60-14, -124, -260 through -266, -268, -270, -273, and -279 of the VHWMR incorporate by reference corresponding parts and sections of the federal Code of Federal Regulations (CFR), with the effected date as stated in 9 VAC 20-60-18, and with independent requirements, changes, and exceptions as noted.

In this Order, when reference is made to a part or section of the CFR, unless otherwise specified, it means that part or section of the CFR as incorporated by the corresponding section of the VHWMR. Citations to independent Virginia requirements are made directly to the VHWMR.

16. "Solid Waste" means any discarded material meeting the definition provided in 40 CFR § 261.2.

17. "SQG" means a small quantity generator, a hazardous waste generator that generates greater than 100 kilograms but less than 1000 kilograms of hazardous waste in a calendar month and meets other restrictions. *See* 40 CFR § 262.34(d)-(f).

18. "Va. Code" means the Code of Virginia (1950), as amended.

19. "VAC" means the Virginia Administrative Code.

20. "Virginia Waste Management Act" means Chapter 14 (§ 10.1-1400 *et seq.*) of Title 10.1 of the Va. Code. Article 4 (Va. Code §§ 10.1-1426 through 10.1-1429) of the Virginia Waste Management Act addresses Hazardous Waste Management.

SECTION C: Findings of Fact and Conclusions of Law

Henrico Doctors'

1. HCA Health Services of Virginia, Inc. owns and operates Henrico Doctors' in Henrico County, Virginia. Henrico Doctors' is a 340 bed medical/surgical health care facility, offering general and acute care services. Operations at the Facility are subject to the Virginia Waste Management Act and the Regulations.

2. On February 28, 1995, EPA received a RCRA Subtitle C Site Identification Form (received February 28, 1995) that gave notice of regulated waste activity at Henrico Doctors' as an CESQG of hazardous waste. The EPA issued ID No. VAR000000315 for Henrico Doctors'. On February 1, 2012, EPA received, on a subsequent form, notice that Henrico Doctors' was operating as an LQG of hazardous waste.

3. Henrico Doctors' generates solid wastes, which are also characteristically hazardous and listed wastes, pharmaceuticals, and corrosives. The following hazardous waste codes are generated: D001, D007, D009, D010, D011, D013, D022, D024, P001, P075, P188, U010, U058, U129, U188, U205, D002. This hazardous waste is accumulated in containers at the Facility after its generation.

4. On November 28, 2017, Department staff inspected Henrico Doctors' for compliance with the requirements of the Virginia Waste Management Act and the Regulations. Based on

the inspection and follow-up information, Department staff made the following observations:

a) DEQ staff inspected Satellite Accumulation Areas (SAA) in the Pyxis rooms, Soiled Utility Rooms, and Pharmacy. DEQ staff noted that all pharmaceutical waste (with the exception of chemotherapy waste) including P-Listed (acutely hazardous), U-Listed hazardous waste, and D-coded hazardous waste is accumulated in the same container. The resulting contents of the co-mingled waste would be characterized as acutely hazardous waste. At the time of the inspection, SAA containers were noted to be either 8-gallon containers or 12-gallon containers (greater than one quart).

   40 CFR Part § 262.34(c)(1) states, "A generator may accumulate as much as 55 gallons of hazardous waste or one quart of acutely hazardous waste listed in 40 CFR § 261.31 or 40 CFR § 261.33(e) in containers at or near any point of generation where wastes initially accumulate which is under the control of the operator of the process generating the waste, without a permit or interim status and without complying with paragraph (a) or (d) of this section…"

b) DEQ staff observed the accumulation of spent formalin waste in a 2-gallon container in the Pathology/Histology Laboratory prior to neutralization. The container was not labeled.

   40 CFR §262.34 (c)(1)(ii) states, "A generator may accumulate as much as 55 gallons of hazardous waste or one quart of acutely hazardous waste listed in 40 CFR §261.31 or 40 CFR § 261.33(e) in containers at or near any point of generation where wastes initially accumulate which is under the control of the operator of the process generating the waste, without a permit or interim status and without complying with paragraph (a) or (d) of this section provided he:… (ii) Marks his containers either with the words "Hazardous Waste" or with other words that identify the contents of the containers."

c) Based on interviews with Facility staff, the spent formalin waste is neutralized with Aldex and subsequently discharged to the Henrico County POTW. Based on the review of the regulations found in 40 CFR § 403.5(a)(1) and (b)(1), National Pretreatment Standards, Prohibited Discharges, the introduction of ignitable and corrosive waste streams to the POTW are prohibited. Facility Staff did not demonstrate that the discharge of the treated formalin waste into the sewer line is in compliance with all applicable Clean Water Act pretreatment regulations. Facility staff did not provide documentation that Henrico County has given permission to discharge the treated formalin waste.

   40 CFR § 261.4(a) states "the following materials are not solid wastes for the purpose of this part: (1)(i) Domestic sewage; and (ii) Any mixture of domestic

sewage and other wastes that passes through a sewer system to a publicly-owned treatment works for treatment. "Domestic sewage" means untreated sanitary wastes that pass through a sewer system. (2) Industrial wastewater discharges that are point source discharges subject to regulation under section 402 of the Clean Water Act, as amended."

40 CFR 262.11(b) states that "a person must determine whether the solid waste is excluded from regulation under 40 CFR 261.4."

d) During the inspection, DEQ staff observed three open hazardous waste containers in three satellite accumulation areas.

40 CFR § 265.173 states, "(a) A container holding hazardous waste must always be closed during storage, except when it is necessary to add or remove waste. (b) A container holding hazardous waste must not be opened, handled, or stored in a manner which may rupture the container or cause it to leak."

e) During the inspection, DEQ staff noted that the Facility had notified as a large quantity generator of hazardous waste in February 2012. However, there does not appear to be record in the DEQ records to indicate the Facility had provided notification of the exact location of the hazardous waste accumulation area.

9 VAC 20-60-262(B)(4) states, "In the case of a new large quantity generator who creates such accumulation areas after March 1, 1988, he shall notify the department at the time the generator files the Notification of Hazardous Waste Activity EPA FORM 8700-12 that he intends to accumulate hazardous waste in accordance with 40 CFR 262.18. This notification shall specify the exact location of the 90-day accumulation area at the site."

f) DEQ staff observed two 55-gallon containers in the hazardous waste central accumulation area containing the solvent waste did not appear to have start accumulation dates.

40 CFR § 262.34 (a)(2) states, "(a) Except as provided in paragraphs (d), (e), and (f) of this section, a generator may accumulate hazardous waste on-site for 90 days or less without a permit or without having interim status, provided that: (2) The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container;"

g) DEQ staff observed that a list of names and telephone numbers were posted in the hazardous waste central accumulation area, however, it did not identify who has the position of emergency coordinator at the Facility. Upon review of the Facility contingency plan, an emergency coordinator job description was observed,

however, the name of the personnel who holds the position of the emergency coordinator was not observed in the plan

40 CFR § 265.55 states, "At all times, there must be at least one employee either on the facility premises or on call (i.e., available to respond to an emergency by reaching the facility within a short period of time) with the responsibility for coordinating all emergency response measures. This emergency coordinator must be thoroughly familiar with all aspects of the facility's [hazardous waste] contingency plan, all operations and activities at the facility, the location and characteristics of waste handled, the location of all records within the facility, and the facility layout. In addition, this person must have the authority to commit the resources needed to carry out the contingency plan."

h) DEQ staff observed that Facility staff did not maintain adequate aisle space between hazardous waste containers. Hazardous waste containers were observed to be stacked on top of each other and placed side by side. Containers in the interior of the area could not be properly inspected.

40 CFR § 265.35 states, "The owner or operator must maintain aisle space to allow the unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment to any area of facility operation in an emergency, unless aisle space is not needed for any of these purposes."

i) Facility staff provided DEQ with the inspection logs for the hazardous waste central accumulation area. Upon review, DEQ staff observed logs from November 2014 through June 2016 were missing; the name of the inspector was missing from the logs; and, logs dated August 3, August 10, and August 27, 2015 as well as September 8, 2015 did not indicate the remedial repairs performed after deficiencies were found.

40 CFR § 265.15(d) states, "The owner or operator must record inspections in an inspection log or summary. He must keep these records for at least three years from the date of inspection. At a minimum, these records must include the date and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial actions."

j) During the inspection, Facility staff presented DEQ a copy of the Contingency Plan. DEQ staff observed that the plan had missing names, telephone numbers, address, and job titles of emergency coordinators.

40 CFR § 265.52(d) states, "The plan must list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator (see § 265.55), and this list must be kept up to date. Where more than one person

is listed, one must be named as primary emergency coordinator and others must be listed in the order in which they will assume responsibility as alternate."

k) Facility staff have not arranged to familiarize local authorities with the layout of the facility and associated hazards.

40 CFR § 265.37 states, "Arrangements with local authorities.(a) The owner or operator must attempt to make the following arrangements, as appropriate for the type of waste handled at his facility and the potential need for the services of these organizations:(1) Arrangements to familiarize police, fire departments, and emergency response teams with the layout of the facility, properties of hazardous waste handled at the facility and associated hazards, places where facility personnel would normally be working, entrances to roads inside the facility, and possible evacuation routes;(2) Where more than one police and fire department might respond to an emergency, agreements designating primary emergency authority to a specific police and a specific fire department, and agreements with any others to provide support to the primary emergency authority;(3) Agreements with State emergency response teams, emergency response contractors, and equipment suppliers; and (4) Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or releases at the facility. (b) Where State or local authorities decline to enter into such arrangements, the owner or operator must document the refusal in the operating record."

l) The Facility's contingency plan did not have provisions in the event of an emergency to ensure that the Facility's emergency equipment is cleaned and fit for its' intended use before operations are resumed.

40 CFR § 265.56(h)(2) states, "The emergency coordinator must ensure that, in the affected area(s) of the facility: (2)All emergency equipment listed in the contingency plan is cleaned and fit for its intended use before operations are resumed."

m) During the inspection, DEQ staff did not observe documentation that a copy of the Facility's contingency plan had been submitted to state and local authorities.

40 CFR § 265.53 states, "A copy of the contingency plan and all revisions to the plan must be: (a) Maintained at the facility; and(b) Submitted to all local police departments, fire departments, hospitals, and State and local emergency response teams that may be called upon to provide emergency services."

n) The Facility maintains a training program for Facility personnel and for personnel whose duties include hazardous waste management. However, the plan does not

fully meet the requirements of 40 CFR § 265.16(d)(3). The plan did not include procedures for using, inspecting, repairing, and replacing facility emergency equipment. Although the training plan has written job descriptions, the training plan did not have the name and title of each employee for each position at the Facility whose duties are related to hazardous waste management. The training plan did not have a description of the requisite skill, education, or other qualifications, and duties of Facility personnel assigned to each position. In addition, the plan did not contain a written description of the type and amount of introductory and continuing training that is required for the positions related to hazardous waste management. Upon review of training records presented to DEQ staff during the inspection it was determined that the training for the designated emergency coordinator for the Facility was not being performed annually.

40 CFR § 265.16 (d) states, "The owner or operator must maintain the following documents and records at the facility: (1) The job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job; (2) A written job description for each position listed under paragraph (d)(1) of this Section. This description may be consistent in its degree of specificity with descriptions for other similar positions in the same company location or bargaining unit, but must include the requisite skill, education, or other qualifications, and duties of facility personnel assigned to each position; (3) A written description of the type and amount of both introductory and continuing training that will be given to each person filling a position listed under paragraph (d)(1) of this section;"

40 CFR § 265.16 (c) states, "Facility personnel must take part in an annual review of the initial training required in paragraph (a) of this section."

40 CFR § 265.16(a)(3) states, "At a minimum, the training program must be designed to ensure that facility personnel are able to respond effectively to emergencies by familiarizing them with emergency procedures, emergency equipment, and emergency systems, including where applicable: (i) Procedures for using, inspecting, repairing, and replacing facility emergency equipment and monitoring equipment:"

o) Upon review of the Facility's hazardous wastes manifests, DEQ staff observed that exception reports were not filed for the following manifests: manifest #001460610PSC dated January 6, 2017; manifest #010443944FLE dated May 11, 2017; manifest #009374525FLE dated June 29, 2017; manifest #010415989FLE dated "August 28, 2018" (wrong date on manifest but correct date on LDR). Copies of the signed manifests had not been received from the designated facility within 45 days of the date the waste was accepted by the initial transporter.

40 CFR § 262.40 states (a) A generator must keep a copy of each manifest signed in accordance with § 262.23(a) for three years or until he receives a signed copy from the designated facility which received the waste. This signed copy must be retained as a record for at least three years from the date the waste was accepted by the initial transporter. (b) A generator must keep a copy of each Biennial Report and Exception Report for a period of at least three years from the due date of the report. (c) A generator must keep records of any test results, waste analyses, or other determinations made in accordance with § 262.11 for at least three years from the date that the waste was last sent to on-site or off-site treatment, storage, or disposal. (d) The periods or retention referred to in this section are extended automatically during the course of any unresolved enforcement action regarding the regulated activity or as requested by the Administrator."

40 CFR § 262.42(a)(1) states, "A generator of 1,000 kilograms or greater of hazardous waste in a calendar month, or greater than 1 kg of acute hazardous waste listed in §261.31 or §261.33(e) in a calendar month, who does not receive a copy of the manifest with the handwritten signature of the owner or operator of the designated facility within 35 days of the date the waste was accepted by the initial transporter must contact the transporter and/or the owner or operator of the designated facility to determine the status of the hazardous waste. (2) A generator of 1,000 kilograms or greater of hazardous waste in a calendar month, or greater than 1 kg of acute hazardous waste listed in 261.31or 261.33(e) in a calendar month, must submit an Exception Report to the EPA Regional Administrator for the Region in which the generator is located if he has not received a copy of the manifest with the handwritten signature of the owner or operator of the designated facility within 45 days of the date the waste was accepted by the initial transporter.

p) Waste codes for isoflurane, desflurane (D022 on other observed manifests) were not observed on Manifest #ODO256663MWI dated September 28, 2017 and the associated LDR was not available for review. Facility staff may have not provided the correct LDR notification information to the TSD facility.

40 CFR § 268.7 requires generators of hazardous waste to determine if the waste has to be treated before it can be land disposed and outlines tracking and recordkeeping requirements.

q) DEQ staff observed four fluorescent bulbs leaning against the wall in the corner. These bulbs were observed not to be fully containerized at the time of the inspection and were not dated or labeled with the words "Universal Wastes" or other words to describe the contents. Facility staff could not determine how long the bulbs had been at the location.

40 CFR § 273.13(d) states, "A small quantity handler of universal waste must manage lamps in a way that prevents releases of any universal waste or component of a universal waste to the environment, as follows: (1) A small quantity handler of universal waste must contain any lamp in containers or packages that are structurally sound, adequate to prevent breakage, and compatible with the contents of the lamps. Such containers and packages must remain closed and must lack evidence of leakage, spillage or damage that could cause leakage under reasonably foreseeable conditions."

r) Spent fluorescent bulbs were not observed to be labeled or marked with words to identify the hazardous waste.

40 CFR § 273.14 states, "A small quantity handler of universal waste must label or mark the universal waste to identify the type of universal waste as specified below: (e) Each lamp or a container or package in which such lamps are contained must be labeled or marked clearly with one of the following phrases: "Universal Waste—Lamp(s)," or "Waste Lamp(s)," or "Used Lamp(s)".

s) Spent fluorescent bulbs were not dated at the time of the inspection and Facility could not document how long the universal waste bulbs had been accumulating at the Facility.

40 CFR § 273.15(c) states, "small quantity handler of universal waste who accumulates universal waste must be able to demonstrate the length of time that the universal waste has been accumulated from the date it becomes a waste or is received. The handler may make this demonstration by: (1) Placing the universal waste in a container and marking or labeling the container with the earliest date that any universal waste in the container became a waste or was received; (2) Marking or labeling each individual item of universal waste (e.g., each battery or thermostat) with the date it became a waste or was received; (3) Maintaining an inventory system on-site that identifies the date each universal waste became a waste or was received; (4) Maintaining an inventory system on-site that identifies the earliest date that any universal waste in a group of universal waste items or a group of containers of universal waste became a waste or was received; (5) Placing the universal waste in a specific accumulation area and identifying the earliest date that any universal waste in the area became a waste or was received; or (6) Any other method which clearly demonstrates the length of time that the universal waste has been accumulated from the date it becomes a waste or is received."

5. On February 22, 2018, the Department issued NOV No. 2018-02-PRO-603 to Henrico Doctors' citing them for the violations observed during the November 28, 2017, inspection.

6. On March 15, 2018, the Department met with Henrico Doctors' to discuss the observations from the November 28, 2017, inspection and the NOV.

7. Based on the results of November 28, 2017 inspection, the March 15, 2018 meeting, and the documentation submitted March 15, 2018, the Board concludes that Henrico Doctors' has violated 40 CFR § 262.34(c)(1)(ii), § 265.173(a), 9 VAC 20-60-262(b)(4), 40 CFR § 262.34 (a)(2), 40 CFR § 265.55, 40 CFR § 265.35, 40 CFR § 265.15(d), 40 CFR § 265.52(d), 40 CFR § 265.37, 40 CFR § 265.56(h)(2), 40 CFR § 265.53, 40 CFR § 265.16(a)(3), 40 CFR § 265.16(c), 40 CFR § 265.16(d), 40 CFR § 262.40(a-c), 40 CFR § 262.42(a), 40 CFR § 268.7, 40 CFR § 273.13(d), 40 CFR § 273.14(e), and 40 CFR § 273.15(c) as described in section C4, above.

8. Henrico Doctors' has submitted documentation that verifies that the violations described above have been corrected.

Chippenham Hospital

9. Chippenham & Johnston-Willis Hospitals, Inc. owns and operates Chippenham Hospital (Chippenham) in Richmond, Virginia. Chippenham is a 466 bed medical/surgical health care facility, offering general and acute care services. Operations at the Facility are subject to the Virginia Waste Management Act and the Regulations.

10. On February 28, 1995, EPA received a RCRA Subtitle C Site Identification Form on September 22, 1992 that gave notice of regulated waste activity at Chippenham as a SQG of hazardous waste. The EPA issued ID No. VAD988211843 for Chippenham. On March 29, 2012, EPA received, on a subsequent form, notice that Chippenham was operating as an LQG of hazardous waste.

11. Chippenham generates solid wastes, which are also hazardous wastes. The following characteristically hazardous waste and pharmaceutical codes are generated: D001, D009, D010, D011, D022, D024, P001, P075, P188, U010, U058, U132, U188, and U205, xylene; D001, F003, methanol/acetone Parts washer fluid; D039, aerosols; D001, mercury containing articles; D009, and spent batteries and lamps. This hazardous waste is accumulated in containers at the Facility after its generation.

12. On November 28, 2017, Department staff inspected Chippenham for compliance with the requirements of the Virginia Waste Management Act and the Regulations. Based on the inspection and follow-up information, Department staff made the following observations:

    a) DEQ staff observed the Facility does not have a written training program meeting the full requirements of 40 CFR § 262.17(a)(7). The training provided at the Facility included DOT Hazardous Material Handling, Regulated Medical Waste training and emergency response training; however, RCRA hazardous waste management

training was not observed to be provided to all personnel with hazardous waste responsibilities. Facility personnel were not observed to be trained within 6 months of being hired or taking a role in hazardous waste management. An annual refresher of the training is not currently offered. The provided training does not include instruction which teaches Facility personnel hazardous waste management procedures relevant to the positions in which they are employed.

40 CFR § 262.17(a)(7)(i)(A) states, "Facility personnel must successfully complete a program of classroom instruction, online training (e.g., computer-based or electronic), or on-the-job training that teaches them to perform their duties in a way that ensures the facility's compliance with the requirements of this part. The large quantity generator must ensure that this program includes all the elements described in the document required under paragraph (a)(7)(iv) of this section. (B) This program must be directed by a person trained in hazardous waste management procedures, and must include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed. (C) At a minimum, the training program must be designed to ensure that facility personnel are able to respond effectively to emergencies by familiarizing them with emergency procedures, emergency equipment, and emergency systems, including where applicable: (1) Procedures for using, inspecting, repairing, and replacing facility emergency and monitoring equipment; (2) Key parameters for automatic waste feed cut-off systems; (3) Communications or alarm systems; (4) Response to fires or explosions; (5) Response to ground-water contamination incidents; and (6) Shutdown of operations. (D) For facility employees that receive emergency response training pursuant to Occupational Safety And Health Administration regulations 29 CFR §s 1910.120(p)(8) and 1910.120(q), the large quantity generator is not required to provide separate emergency response training pursuant to this section, provided that the overall facility training meets all the conditions of exemption in this section. (ii) Facility personnel must successfully complete the program required in paragraph (a)(7)(i) of this section within six months after the date of their employment or assignment to the facility, or to a new position at the facility, whichever is later. Employees must not work in unsupervised positions until they have completed the training standards of paragraph (a)(7)(i) of this section. (iii) Facility personnel must take part in an annual review of the initial training required in paragraph (a)(7)(i) of this section."

40 CFR § 262.17(a)(7)(iv)(C) states, "The large quantity generator must maintain the following documents and records at the facility: (C) A written description of the type and amount of both introductory and continuing training that will be given to each person filling a position listed under paragraph (a)(7)(iv)(A) of this section; (D) Records that document that the training or job experience required under paragraphs (a)(7)(i), (ii), and (iii) of this section has been given to, and completed

by, facility personnel. (v) Training records on current personnel must be kept until closure of the facility. Training records on former employees must be kept for at least three years from the date the employee last worked at the facility. Personnel training records may accompany personnel transferred within the same company."

b) Observations: Job titles and job descriptions for employees whose positions at the Facility are related to hazardous waste management were not observed to be maintained at the Facility and were not provided to DEQ inspectors at the time of the inspection.

40 CFR § 262.17(a)(7)(iv)(A-B) states. "The owner or operator must maintain the following documents and records at the facility: (A) The job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job; (B) A written job description for each position listed under paragraph (a)(7)(iv)(A) of this section. This description may be consistent in its degree of specificity with descriptions for other similar positions in the same company location or bargaining unit, but must include the requisite skill, education, or other qualifications, and duties of facility personnel assigned to each position;"

c) DEQ staff observed one 18-gallon hazardous waste bin located in a Pyxis medication dispensing area on the 2nd Floor, 2 Front Area (patient care floor) that was full with waste. According to Facility staff, the medical dispensing areas co-mingle acute hazardous waste with non-acute hazardous waste. DEQ staff observed the weight of the container appeared to be greater than 2.2 pounds. DEQ staff did not observe a start accumulation date on the container in which the hazardous waste container began collecting in excess of the allowable 2.2 pounds of mixed acute hazardous waste in a satellite accumulation area.

40 CFR § 262.15(a)(6)(iii) states, "During the three-consecutive-calendar-day period the generator must continue to comply with paragraphs (a)(1) through (5) of this section. The generator must mark or label the container(s) holding the excess accumulation of hazardous waste with the date the excess amount began accumulating."

d) DEQ staff observed one 18-gallon hazardous waste bin located in a Pyxis medication dispensing area (satellite accumulation area) on the 2nd Floor, 2 Front Area (patient care floor) with the container lid open. DEQ staff did not observe Facility staff actively adding or removing waste from the hazardous waste bin. DEQ staff observed one 5-gallon container utilized for the collection of spent solvent waste in the Facility Laboratory that was not fully closed. The hazardous waste container containing the spent solvent waste is used to collect waste from the micro laboratory slide machine. The hose from the machine was loosely placed in an open funnel, not fully secured to the container. The slide machine was not

observed by DEQ staff to be actively discharging spent solvent waste into the container.

40 CFR § 262.15(a)(4) states, "A container holding hazardous waste must be closed at all times during accumulation, except: (i)When adding, removing, or consolidating waste; or (ii)When temporary venting of a container is necessary (A) For the proper operation of equipment, or (B) To prevent dangerous situations, such as build-up of extreme pressure."

e) The Facility designated the Morgue room in the Facility as a 90-day hazardous waste central accumulation area for spent xylene waste originating in the Histology Lab and the Morgue. DEQ staff observed the 55-gallon drum in the morgue had an open funnel loosely fitted to the 2" bung port on the drum. The funnel was not closed. The drum was not observed to be closed.

40 CFR § 262.17(a)(1)(iv)(A) states, "Management of containers. (A) A container holding hazardous waste must always be closed during accumulation, except when it is necessary to add or remove waste."

f) The Facility notified of large quantity generator status via RCRA Subtitle C Site Identification Form (8700-12) on March 29, 2012. The DEQ does not have on record that the Facility disclosed the location of the 90-day hazardous waste central accumulation area located in the old incineration building.

9 VAC 20-60-262 B.4 states, "For accumulation areas established after March 1, 1988, a large quantity generator shall notify the department and document in the operating record that he intends to accumulate hazardous waste in accordance with 40 CFR 262.17 prior to or immediately upon the establishment of each 90-day accumulation area. In the case of a new large quantity generator who creates such accumulation areas after March 1, 1988, he shall notify the department at the time the generator files the Notification of Hazardous Waste Activity EPA Form 8700 12 that he intends to accumulate hazardous waste in accordance with 40 CFR 262.18. This notification shall specify the exact location of the 90-day accumulation area at the site."

g) DEQ staff observed two boxes of spent fluorescent lamps accumulating in the maintenance room of the Facility. DEQ staff observed the two boxes of spent fluorescent lamps were open on one end.

40 CFR § 273.13(d)(1) states, "Lamps. A small quantity handler of universal waste must manage lamps in a way that prevents releases of any universal waste or component of a universal waste to the environment, as follows: (1) A small quantity handler of universal waste must contain any lamp in containers or

packages that are structurally sound, adequate to prevent breakage, and compatible with the contents of the lamps. Such containers and packages must remain closed and must lack evidence of leakage, spillage or damage that could cause leakage under reasonably foreseeable conditions."

h) DEQ staff did not observe that the Facility maintenance staff responsible for handling universal waste had been trained in universal waste management.

40 CFR § 273.16 states, "A small quantity handler of universal waste must inform all employees who handle or have the responsibility for managing universal waste. This information must describe proper handling and emergency procedures appropriate to the type(s) of universal waste handled at the facility."

13. On October 4, 2018, the Department issued NOV No. 2018-10-PRO-601 to Chippenham citing them for the violations observed during the August 24, 2018, inspection.

14. On November 27, 2018, the Department met with Chippenham to discuss the observations from the August 24, 2018, inspection and the NOV.

15. Based on the results of August 24, 2018 inspection, the November 27, 2018 meeting, and the documentation submitted November 27, 2018, the Board concludes that Chippenham has violated 40 CFR § 262.17(a)(7), 40 CFR § 262.17(a)(7)(iv)(A-B), 40 CFR § 262.15(a)(6)(iii), 40 CFR § 262.15(a)(4), 40 CFR § 262.17(a)(1)(iv)(A), 9VAC 20-60-262(B)(4), 40 CFR § 273.13(d)(1), and 40 CFR § 273.16.

16. Chippenham has submitted documentation that verifies that the violations described above in Section C.12 have been corrected.

John Randolph Medical Center

17. Columbia/HCA John Randolph, Inc. owns and operates John Randolph Medical Center (JRMC) in Hopewell, Virginia. JRMC is a 147 bed medical/surgical health care facility, offering general and acute care services. Operations at the Facility are subject to the Virginia Waste Management Act and the Regulations.

18. JRMC first notified of hazardous waste activities as a small quantity generator (SQG) on May 16, 1989 and revised notification on December 14, 1999 as a conditionally exempt small quantity generator (CESQG). JRMC was issued EPA ID Number VAD982570517 for the Facility. The Facility revised notification of hazardous waste activities as a large quantity generator (LQG) on January 12, 2012.

19. JRMC generates solid wastes, which are also hazardous wastes. Characteristically hazardous and listed wastes, pharmaceuticals D001, D007, D009, D010, D011, D013, D022, D024, P001, P075, P188, U010, U058, U118, U129, U150, U188, U204, U205; aerosols D001, D003 and is a small quantity handler of universal waste. This hazardous waste is accumulated in containers at the Facility after its generation.

20. On May 17, 2018, Department staff inspected JRMC for compliance with the requirements of the Virginia Waste Management Act and the Regulations. Based on the inspection and follow-up information, Department staff made the following observations:

    a) DEQ staff observed the Facility does not have a written training program meeting the requirements of 40 CFR § 262.17(a)(7). The training provided at the Facility included DOT Hazardous Material Handling and Regulated Medical Waste training; however, RCRA hazardous waste management training was not observed to be included. Facility personnel were not observed to be trained within 6 months of being hired or taking a role in hazardous waste management. An annual refresher of the training is not currently offered. The provided training does not include instruction which teaches Facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed.

    40 CFR § 262.17(a)(7) states, "(i)(a) Facility personnel must successfully complete a program of classroom instruction, online training (e.g., computer-based or electronic), or on-the-job training that teaches them to perform their duties in a way that ensures the facility's compliance with the requirements of this part. The large quantity generator must ensure that this program includes all the elements described in the document required under paragraph (a)(7)(iv) of this section. (B) This program must be directed by a person trained in hazardous waste management procedures, and must include instruction which teaches facility personnel hazardous waste management procedures (including contingency plan implementation) relevant to the positions in which they are employed. (C) At a minimum, the training program must be designed to ensure that facility personnel are able to respond effectively to emergencies by familiarizing them with emergency procedures, emergency equipment, and emergency systems, including where applicable: (1) Procedures for using, inspecting, repairing, and replacing facility emergency and monitoring equipment; (2) Key parameters for automatic waste feed cut-off systems; (3) Communications or alarm systems; (4) Response to fires or explosions; (5) Response to ground-water contamination incidents; and (6) Shutdown of operations. (D) For facility employees that receive emergency response training pursuant to Occupational Safety And Health Administration regulations 29 CFR §s 1910.120(p)(8) and 1910.120(q), the large quantity generator is not required to provide separate emergency response training pursuant to this section, provided that the overall facility training meets all the conditions of

exemption in this section. (ii) Facility personnel must successfully complete the program required in paragraph (a)(7)(i) of this section within six months after the date of their employment or assignment to the facility, or to a new position at the facility, whichever is later. Employees must not work in unsupervised positions until they have completed the training standards of paragraph (a)(7)(i) of this section. (iii) Facility personnel must take part in an annual review of the initial training required in paragraph (a)(7)(i) of this section."

40 CFR § 262.17(a)(7)(iv) states, "The large quantity generator must maintain the following documents and records at the facility: (C) A written description of the type and amount of both introductory and continuing training that will be given to each person filling a position listed under paragraph (a)(7)(iv)(A) of this section; (D) Records that document that the training or job experience required under paragraphs (a)(7)(i), (ii), and (iii) of this section has been given to, and completed by, facility personnel. (v) Training records on current personnel must be kept until closure of the facility. Training records on former employees must be kept for at least three years from the date the employee last worked at the facility. Personnel training records may accompany personnel transferred within the same company."

b) Job titles and job descriptions for employees whose positions at the Facility are related to hazardous waste management are not maintained at the Facility and were not provided to DEQ inspectors at the time of the inspection.

40 CFR § 262.17(a)(7)(iv) states, "The owner or operator must maintain the following documents and records at the facility: (A) The job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job; (B) A written job description for each position listed under paragraph (a)(7)(iv)(A) of this section. This description may be consistent in its degree of specificity with descriptions for other similar positions in the same company location or bargaining unit, but must include the requisite skill, education, or other qualifications, and duties of facility personnel assigned to each position;"

c) Based on DEQ records and a search in the RCRA Info database, it appears Biennial Reports were not submitted in reporting years 2014 and 2016 for LQG generation activities in 2013 and 2015.

As referenced by 40 CFR § 262.18(d)(2), 40 CFR § 262.41 states, "A generator who ships any hazardous waste off-site to a treatment, storage, or disposal facility within the United States must prepare and submit a single copy of a Biennial Report to the Regional Administrator by March 1 of each even number year."

d) Based on DEQ records, at the time of the inspection on May 17, 2018, it appears the Facility has not paid the large quantity generator fee for the 2016 billing year.

9 VAC 20-60-262(B)(8) states, "...large quantity generators are required to pay an annual fee."

9 VAC 20-60-1284(A) states, "The operator of the treatment, storage, or disposal facility and each large quantity generator shall pay the correct fees to the Department of Environmental Quality."

9 VAC 20-60-1285 sets LQG annual fees at $1,000.

e) DEQ staff did not observe the D001 waste code for medical aerosols on the associated LDR for manifest #0141150FLE dated July 27, 2017. No other LDRs for medical aerosols were observed. DEQ staff did not observe the D002 waste code for waste hydrochloric acid on the associated LDR for manifest #001281575PSC dated May 9, 2016. No other LDRs for waste hydrochloric acid were observed. The TSDF certificate of treatment for both shipments indicated the waste had been treated for the respective waste codes.

40 CFR § 268.7 requires generators of hazardous waste to determine if the waste has to be treated before it can be land disposed and outlines tracking and recordkeeping requirements.

f) Upon review of manifest #01411570FLE, dated July 27, 2017, DEQ staff did not observe the waste code D001 for medical aerosols had been written in on the initial manifest. The waste code appeared on the final, returned manifest.

40 CFR § 262.20 (a)(1) states, "A generator who transports, or offers for transport a hazardous waste for offsite treatment, storage, or disposal, or a treatment, storage, and disposal facility who offers for transport a rejected hazardous waste load, must prepare a Manifest (OMB Control number 2050-0039) on EPA Form 8700-22, and, if necessary, EPA Form 8700-22A, according to the instructions included in the appendix to this part."

g) During the manifest review, DEQ observed a gap in hazardous waste manifests from July 29, 2015 until the next observed manifest dated November 18, 2015. According to the <90-day hazardous waste accumulation area inspection log, it appears hazardous waste shipments were conducted during this time frame (based on the number of containers documented in the inspection logs). It does not appear the facility stored hazardous waste for more than the allowable 90 days, however, a copy of the hazardous waste manifests during this time frame were not on file for review.

40 CFR § 262.40(a) states, "A generator must keep a copy of each manifest signed in accordance with §262.23(a) for three years or until he receives a signed copy from the designated facility which received the waste. This signed copy must be retained as a record for at least three years from the date the waste was accepted by the initial transporter."

h) The Facility's contingency plan listed the location and physical description of the emergency equipment maintained by JRMC in a summary chart. The summary chart included a section for "capabilities" of the emergency equipment, however, the designated section was observed to be left blank with no observed brief description of the emergency equipment capabilities.

40 CFR § 262.261(e) states, "The plan must include must include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems(internal and external), and decontamination equipment), where this equipment is required. The list must be kept up to date. In addition, the plan must include the location and a physical description of each item on the list, and a brief outline of its capabilities.

i) Upon review of the Facility's contingency plan, DEQ staff did not observe that the plan included that after an emergency, the emergency equipment must be cleaned and fit for use before operations are resumed.

40 CFR § 265.265(h)(2) states, "The emergency coordinator must ensure that, in the affected area(s) of the facility: (2) All emergency equipment listed in the contingency plan is cleaned and fit for it's intended use before operations are resumed.

j) DEQ staff did not observe that the contingency plan included that the emergency coordinator must provide for treating, storing, and/or disposing of recovered waste, and either treating the recovered waste as hazardous or making a hazardous waste determination on the waste after an emergency.

40 CFR § 265.265(g) states, "Immediately after an emergency, the emergency coordinator must provide for treating, storing, or disposing of recovered waste, contaminated soil, or surface water, or any other material that results from a release, fire, or explosion at the facility. Unless the generator can demonstrate, in accordance with §261.3 (c) or (d) of this chapter, that the recovered material is not a hazardous waste, then it is a newly generated hazardous waste that must be managed in accordance with all the applicable requirements and conditions for exemption in parts, 262, 263, and 265 of this chapter."

k) The second floor ICU/PCU satellite accumulation area and the second floor 2 South A Medical/Med Surg. satellite accumulation area were observed by DEQ staff to have a 12-gallon black hazardous waste container within each satellite accumulation area for the accumulation of co-mingled (P, U, and D-Listed) hazardous waste. In both satellite accumulation areas, DEQ staff observed an additional 12-gallon, black hazardous waste accumulation container. The additional containers were opened by Facility staff and DEQ staff observed the containers to be full. The Facility had already began collecting hazardous waste in the other 12-gallon hazardous waste container in both satellite accumulation areas. DEQ staff did not observe that a start accumulation date on the full, 12-gallon hazardous waste containers that were waiting to be transferred to the central accumulation area. It does not appear the facility marked the date on the container that the excess amount began accumulating.

40 CFR § 262.15(a)(6)(iii) states, "During the three-consecutive-calendar-day period the generator must continue to comply with paragraphs (a)(1) through (5) of this section. The generator must mark or label the container(s) holding the excess accumulation of hazardous waste with the date the excess amount began accumulating."

l) During the inspection on May 17, 2018, DEQ staff observed three boxes of spent fluorescent lamps accumulating in the engineering/maintenance room of the Facility. DEQ staff observed that one of the three boxes of spent fluorescent lamps was open on one end.

40 CFR § 273.13(d)(1) states, "Lamps. A small quantity handler of universal waste must manage lamps in a way that prevents releases of any universal waste or component of a universal waste to the environment, as follows: (1) A small quantity handler of universal waste must contain any lamp in containers or packages that are structurally sound, adequate to prevent breakage, and compatible with the contents of the lamps. Such containers and packages must remain closed and must lack evidence of leakage, spillage or damage that could cause leakage under reasonably foreseeable conditions."

21. On June 29, 2018, the Department issued NOV No. 2018-06-PRO-601 to JRMC citing them for the violations observed during the May 17, 2018, inspection.

22. On August 3, 2018, the Department met with JRMC to discuss the observations from the May 17, 2018, inspection and the NOV.

23. Based on the results of May 17, 2018 inspection, and the August 3, 2018 meeting, the Board concludes that JRMC has violated 40 CFR § 262.17(a)(7), 40 CFR § 262.17(a)(7)(iv), 40 CFR § 262.41, 9VAC 20-60-262(B)(8), 9VAC 20-60-1284(A), 9VAC

20-60-1285, 40 CFR § 268.7, 40 CFR § 262.20(a)(1), 40 CFR § 262.40(a), 40 CFR § 262.40(b), 40 CFR § 262.261(e), 40 CFR § 265.265(h)(2), 40 CFR § 265.265(g), 40 CFR § 262.15(a)(6)(iii), and 40 CFR § 273.13(d)(1).

24. JRMC has submitted documentation that verifies that the violations described above in Section C.22 have been corrected.

SECTION D: Agreement and Order

Accordingly, by virtue of the authority granted it in Va. Code § 10.1-1455, the Board orders Henrico Doctors', JRMC and Chippenham and Henrico Doctors', JRMC and Chippenham agree to pay a civil charge of $69,205 within 30 days of the effective date of the Order in settlement of the violations cited in this Order broken down as set forth below:

Henrico Doctors'	$35,275.00
JRMC	$19,500.00
Chippenham	$14,430.00

Payment shall be made by check, certified check, money order or cashier's check payable to the "Treasurer of Virginia," and delivered to:

Receipts Control
Department of Environmental Quality
Post Office Box 1104
Richmond, Virginia 23218

Henrico Doctors', JRMC and Chippenham shall include their Federal Employer Identification Number (FEIN) with the civil charge payment and shall indicate that the payment is being made in accordance with the requirements of this Order for deposit into the Virginia Environmental Emergency Response Fund (VEERF). If the Department has to refer collection of moneys due under this Order to the Department of Law, Henrico Doctors', Chippenham and JRMC shall be liable for attorneys' fees of 30% of their respective amount outstanding.

SECTION E: Administrative Provisions

1. The Board may modify, rewrite, or amend this Order with the consent of Henrico Doctors', JRMC and Chippenham for good cause shown by Henrico Doctors', JRMC or Chippenham, or on its own motion pursuant to the Administrative Process Act, Va. Code § 2.2-4000 *et seq.*, after notice and opportunity to be heard.

2. This Order addresses and resolves only those violations specifically identified in Section C of this Order. This Order shall not preclude the Board or the Director from taking any action authorized by law, including but not limited to: (1) taking any action authorized by law regarding any additional, subsequent, or subsequently discovered violations; (2) seeking subsequent remediation of the facility; or (3) taking subsequent action to enforce the Order.

3. For purposes of this Order and subsequent actions with respect to this Order only, Henrico Doctors', JRMC and Chippenham admit the jurisdictional allegations, findings of fact, and conclusions of law contained herein

4. Henrico Doctors', JRMC and Chippenham consent to venue in the Circuit Court of the City of Richmond for any civil action taken to enforce the terms of this Order.

5. Henrico Doctors', JRMC and Chippenham declare they have received fair and due process under the Administrative Process Act and the Virginia Waste Management Act and they waive the right to any hearing or other administrative proceeding authorized or required by law or regulation, and to any judicial review of any issue of fact or law contained herein. Nothing herein shall be construed as a waiver of the right to any administrative proceeding for, or to judicial review of, any action taken by the Board to modify, rewrite, amend, or enforce this Order.

6. Failure by Henrico Doctors', JRMC or Chippenham to comply with any of the terms of this Order shall constitute a violation of an order of the Board with respect to the non-complying party. Nothing herein shall waive the initiation of appropriate enforcement actions or the issuance of additional orders as appropriate by the Board or the Director as a result of such violations. Nothing herein shall affect appropriate enforcement actions by any other federal, state, or local regulatory authority.

7. If any provision of this Order is found to be unenforceable for any reason, the remainder of the Order shall remain in full force and effect.

8. Henrico Doctors', JRMC and Chippenham shall be responsible for failure to comply with any of the terms and conditions of this Order unless compliance is made impossible by earthquake, flood, other acts of God, war, strike, or such other occurrence. Henrico Doctors', JRMC and Chippenham shall show that such circumstances were beyond their control and not due to a lack of good faith or diligence on its part. Henrico Doctors', JRMC and Chippenham shall notify the DEQ Regional Director verbally within 24 hours and in writing within three business days when circumstances are anticipated to occur, are occurring, or have occurred that may delay compliance or cause noncompliance with any requirement of the Order. Such notice shall set forth:

   a. the reasons for the delay or noncompliance;

b. the projected duration of any such delay or noncompliance;

c. the measures taken and to be taken to prevent or minimize such delay or noncompliance; and

d. the timetable by which such measures will be implemented and the date full compliance will be achieved.

Failure to so notify the Regional Director verbally within 24 hours and in writing within three business days, of learning of any condition above, which Henrico Doctors', JRMC or Chippenham intends to assert will result in the impossibility of compliance, shall constitute a waiver of any claim to inability to comply with a requirement of this Order.

9. This Order is binding on the parties hereto, their successors in interest, designees and assigns, jointly and severally.

10. This Order shall become effective upon execution by both the Director or his designee and Henrico Doctors', JRMC and Chippenham.

11. This Order shall continue in effect until:

a. The Director or his designee terminates the Order after Henrico Doctors', JRMC and Chippenham have completed all of the requirements of the Order;

b. Henrico Doctors', JRMC and Chippenham petition the Director or his designee to terminate the Order after it has completed all of the requirements of the Order and the Director or his designee approves the termination of the Order; or

c. The Director or Board terminates the Order in his or its sole discretion upon 30 days' written notice to Henrico Doctors', JRMC and Chippenham.

Termination of this Order, or any obligation imposed in this Order, shall not operate to relieve Henrico Doctors', JRMC and Chippenham from their obligation to comply with any statute, regulation, permit condition, other order, certificate, certification, standard, or requirement otherwise applicable.

12. Any plans, reports, schedules or specifications attached hereto or submitted by Henrico Doctors', JRMC or Chippenham and approved by the Department pursuant to this Order are incorporated into this Order. Any non-compliance with such approved documents shall be considered a violation of this Order.

13. The undersigned representative of Henrico Doctors' certifies that he or she is a responsible official authorized to enter into the terms and conditions of this Order and to execute and legally bind Henrico Doctors' to this document. Any documents to be submitted pursuant to this Order by Henrico Doctors' shall also be submitted by a responsible official of Henrico Doctors'.

14. The undersigned representative of JRMC certifies that he or she is a responsible official authorized to enter into the terms and conditions of this Order and to execute and legally bind JRMC to this document. Any documents to be submitted pursuant to this Order by JRMC shall also be submitted by a responsible official of JRMC.

15. The undersigned representative of Chippenham certifies that he or she is a responsible official authorized to enter into the terms and conditions of this Order and to execute and legally bind Chippenham to this document. Any documents to be submitted pursuant to this Order by Chippenham shall also be submitted by a responsible official of Chippenham.

16. This Order constitutes the entire agreement and understanding of the parties concerning settlement of the violations identified in Section C of this Order, and there are no representations, warranties, covenants, terms or conditions agreed upon between the parties other than those expressed in this Order.

17. By their signatures below, Henrico Doctors', JRMC and Chippenham voluntarily agree to the issuance of this Order.

And it is so ORDERED this 25th day of August, 2020.

James J. Golden
Department of Environmental Quality
Piedmont Regional Director

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HCA Health Services of Virginia, Inc. voluntarily agrees to the issuance of this Order.

Date: 6/30/20 By: _____, CFO
(Person) (Title)
HCA Health Services of Virginia, Inc.

Commonwealth of Virginia
City/County of Henrico

The foregoing document was signed and acknowledged before me this 30th day of June, 2020, by Chris Denton who is the CFO of HCA Health Services of Virginia, Inc., on behalf of the corporation.

Elizabeth Moss Adamson
Notary Public

7633609
Registration No.

My commission expires: 2-28-2023

Notary seal:

Columbia/HCA John Randolph, Inc. voluntarily agrees to the issuance of this Order.

Date: 6/30/20 By: _____ CEO
(Person) (Title)
Columbia/HCA John Randolph, Inc.

Commonwealth of Virginia
City/County of Chesterfield

The foregoing document was signed and acknowledged before me this 30th day of June, 2020, by Joseph Mazzo who is CEO of Columbia/HCA John Randolph, Inc., on behalf of the corporation.

_____
Notary Public

7769149
Registration No.

My commission expires: 02/28/22

Notary seal:

JESSICA LAUREN SEITZ
NOTARY PUBLIC
REG # 7769149
COMMISSION EXPIRES 2/28/2022
COMMONWEALTH OF VIRGINIA

Chippenham & Johnston-Willis Hospitals, Inc. voluntarily agrees to the issuance of this Order.

Date: 6/30/2020 By: _____, CEO
(Person) (Title)
Chippenham & Johnston-Willis Hospitals, Inc.

Commonwealth of Virginia
City/County of RICHMOND

The foregoing document was signed and acknowledged before me this 30TH day of JUNE, 2020, by WILLIAM LUNN who is CEO of Chippenham & Johnston-Willis Hospitals, Inc., on behalf of the corporation.

Sally Ann Winiarczyk
Notary Public

7642200
Registration No.

My commission expires: 5/31/2023

Notary seal: